

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

<input type="checkbox"/> I hereby revoke all previous powers of attorney given in the above-identified application.		<input type="checkbox"/> A Power of Attorney is submitted herewith.	
<input type="checkbox"/> OR		<input type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> 33721	
<input type="checkbox"/> Please change the correspondence address for the above-identified application to: <div style="border: 1px solid black; width: 150px; height: 40px; margin-top: 10px;"></div>		<input type="checkbox"/> The address associated with <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> Customer Number	
<input type="checkbox"/> OR		<input type="checkbox"/> Firm or <input type="checkbox"/> Individual Name	
<input type="checkbox"/> Address		<input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip <input type="checkbox"/> County	
<input type="checkbox"/> Telephone		<input type="checkbox"/> Email	
<input type="checkbox"/> I am the: <input checked="" type="checkbox"/> Applicant/Inventor		<input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
<input type="checkbox"/> Signature		<input type="checkbox"/> Assignment of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input type="checkbox"/> Name <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>		<input type="checkbox"/> Date <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>	
<input type="checkbox"/> Telephone (405) 738 3773 x 2			

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY	
AND CHANGE OF CORRESPONDENCE ADDRESS	
Attorney Document Number	10/335,003
Filing Date	August 6, 2003
First Named Inventor	ZURITA, Victor
Att Unit	2137
Examiner Name	FIELDS, Courtney D.
Attorney Document Number	32722-2002

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Approved for use through 12/31/2008. OMB # 0651-0036  
PTO/SB/02 (01-06)